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\*\* CONTINUING DATA \*\*\*\*\* *Nonegr*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *Nonegr*

\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*  
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Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Verified and /GREGORY C ISSING/ Acknowledged	<input type="checkbox"/> Met after Allowance Initials	CA	3	20	3
Examiner's Signature					

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## TITLE

AN IMPROVED PHASED ARRAY TERMINAL FOR EQUATORIAL SATELLITE CONSTELLATIONS

FILING FEE RECEIVED 2044	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other <input type="checkbox"/> Credit
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